

PUBLIC VOUCHER FOR PURCHASE AND  
SERVICES OTHER THAN PERSONAL

Bu. Vou. No. 2393

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To

(Payee)

PAID BY

Encl # 16  
DPD-1226-59  
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$9,021	98
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>				Use continuation sheet(s) if necessary			
Shipped from		to	Weight	Government B/L No.		Total	\$9,021.98
I certify that the above bill is correct and just and that payment has not been received. (Sign original only)				(Payee must NOT use this space) Differences			
Date 2-11-59 *Payee				Amount verified; correct for		\$9,021.98	
Per				Title		(Signature or initials) EL	
Contract No. H-101		Date	Req. No.	Date	Invoice Rec'd.		

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$

† (Authorized Certifying Officer)

By

SIGN  
ORIGINAL  
ONLY

Title

Title

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. dated 19, for \$ on Treasurer of the United States in favor of payee named above.  
Cash, \$, on 19, Payee (Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify is in question, the approving officer must sign on the line below "Approved for \$", and certify: otherwise the approving officer will sign on the line below "Approved for \$", and

Per

STATOTHR

## ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

2/01/59

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BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	CLASS CODE	COST ELEMENT	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
No.	Mo.	Day				Yr.	Mo.							Day	Maj.	Int.	Sub.	Account	M.I.O.	
38	01	28	3	C8884	4051		02	02				1	50	25	00	00	12501	3032	04	1000
38	01	28	3	C8804	4052		02	02				1	50	25	00	00	12501	3032	04	500
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2/01/59

## ACCOUNTS PAYABLE

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

WEEKLY DEF DISTR DATE

DATE \_\_\_\_\_

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT	
No.	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.J.O.	S.O.		Work Order
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WEEKLY GET DISTR DATE

DATE \_\_\_\_\_

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## ACCOUNTS PAYABLE

WEEKLY LET DISTR DATE

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